



- **EPS fears trigger crisis talks with ministers**

See page 4

- **Which? report slams pharmacy advice**

See page 5

- **HRT: The latest studies explained**

See page 28

He's back ...

the Troubleshooter



See page 26

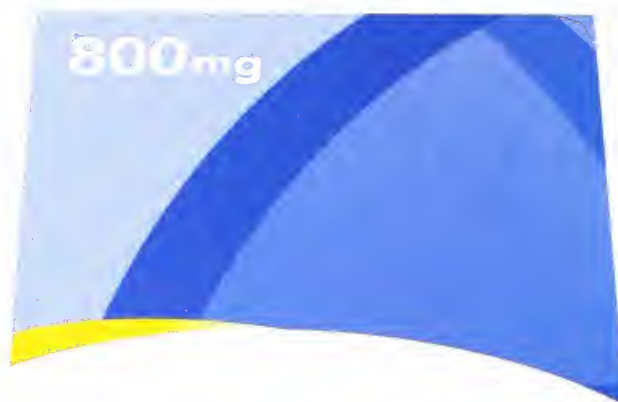
NEW

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Strength
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by brand AND strength



Asacol[®] 800mg
MR tablets
(MESALAZINE)

Each modified release tablet
contains 800 mg mesalazine

Asacol[®] 800mg MR Tablets Abbreviated Prescribing Information

Presentation: Asacol 800mg MR Tablets, PL 00364/0083, each modified release tablet contains 800mg mesalazine (5-aminosalicylic acid). Product is supplied in plastic (HDPE) bottles containing 180 tablets (£124.86).
Indications: Ulcerative colitis. Treatment of mild to moderate acute exacerbations. For the maintenance of remission. Crohn's ileo-colitis. Maintenance of remission. **Dosage and administration:** Adults: Mild acute exacerbations: 3 tablets a day in divided doses. Moderate acute exacerbations: 6 tablets a day in divided doses. Maintenance of remission of ulcerative colitis and Crohn's ileo-colitis: Up to 3 tablets a day, in divided doses. **Elderly:** The normal adult dosage may be used unless renal function is impaired. **Children:** Not recommended. **Contra-indications:** A history of sensitivity to salicylates or renal sensitivity to sulfasalazine. Confirmed severe renal impairment (GFR less than 20 ml/min). Hypersensitivity to any of the ingredients. Severe hepatic impairment. Gastric or duodenal ulcer, haemorrhagic tendency. **Precautions:** Use in the elderly should be cautious and subject to patients having a normal renal function. Discontinue treatment immediately if acute symptoms of intolerance occur including vomiting, abdominal pain or rash. Patients with the rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine because of the presence of lactose monohydrate. Standard haematological indices (including the white cell count) should be monitored repeatedly in patients taking azathioprine, especially at the beginning of such combination therapy, whether or not mesalazine is prescribed. Asacol should be used in extreme caution in patients with confirmed mild to moderate renal impairment. Renal function should be monitored (with serum creatinine levels measured) prior to start of treatment, and periodically during treatment, taking into account individual history & risk factors. Mesalazine should be discontinued if renal function deteriorates. If dehydration develops, normal fluid & electrolyte balance should be restored as soon as possible. Serious blood dyscrasias (some with fatal outcome) have been very rarely reported with mesalazine. Haematological investigations including a complete blood count may be performed prior to therapy initiation and immediately if the patient develops unexplained bleeding, bruising, purpura, anaemia, fever or sore throat. Stop treatment if suspicion or evidence of blood dyscrasia. Lactulose or similar preparations which lower stool pH should not be concomitantly administered. Concurrent use of other known nephrotoxic agents, e.g. NSAIDs & azathioprine, may increase risk of renal reactions. Mesalazine

should therefore be used with caution during pregnancy and lactation when the potential benefit outweighs the possible hazards in the opinion of the physician. If neonate develops suspected adverse reactions consideration should be given to discontinuation of breast-feeding or discontinuation of treatment of the mother. **Undesirable Effects:** Common: nausea, diarrhoea, abdominal pain, headache, vomiting, arthralgia/myalgia. Rare reports of leucopenia, neutropenia, agranulocytosis, aplastic anaemia, thrombocytopenia, myocarditis & pericarditis, peripheral neuropathy, vertigo, bronchospasm, eosinophilic pneumonia, pancreatitis, alopecia, lupus erythematosus-like reactions and rash (inc. urticaria), bullous skin reactions, abnormalities of hepatic function and hepatitis, interstitial nephritis and nephrotic syndrome with oral mesalazine treatment, usually reversible on withdrawal. Renal failure has been reported. Suspect nephrotoxicity in patients developing renal dysfunction. Drug fever. Very rarely, mesalazine may be associated with exacerbation of the symptoms of colitis, Stevens Johnson syndrome & erythema multiforme, interstitial pneumonitis. **Legal category:** POM. **Marketing Authorisation Holder:** Procter & Gamble Pharmaceuticals UK Ltd, Egham, Surrey. TW20 9NW. Asacol is a trademark. © 2007 Procter & Gamble Pharmaceuticals. Refer to Summary of Product Characteristics before prescribing. Date of preparation November 2007 AS7555.

Reference:

1. Asacol 800mg MR tablets Summary of Product Characteristics, September 2007.
Date of Document Preparation January 2008. AS7609/55578.20

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Chemist+Druggist

news education tools

Comment from the Editor

There might be a temptation for pharmacists to come over all smug when reading the results of this week's Which? investigation (p5) into pharmacy services. After all, support staff bear the brunt of the consumer group's flak, with counter assistants slammed for providing poor and sometimes dangerous advice to patients.

Pharmacists on the other hand are praised for improvements in quality of care and premises since 2004. Investigators found they were four times more likely to get unsatisfactory advice from sales assistants than pharmacists. Feeling somewhat superior? Well shame on you.

Pharmacists should be as disappointed as their staff by the failings exposed by the study. The strength of the team is all in the modern pharmacy. Pharmacists are not superhuman. Soaring prescription volumes, demands to perform MURs, checking the drug user swallows his methadone quota for the day – just some of the daily demands that mean you have to be able to rely on support staff more and more if you want to run a successful business.

If these staff are not adequately trained to do their job – as suggested in the study – then it's an absolute priority the industry tackles the skills gap.

The results endorse the RPSGB's

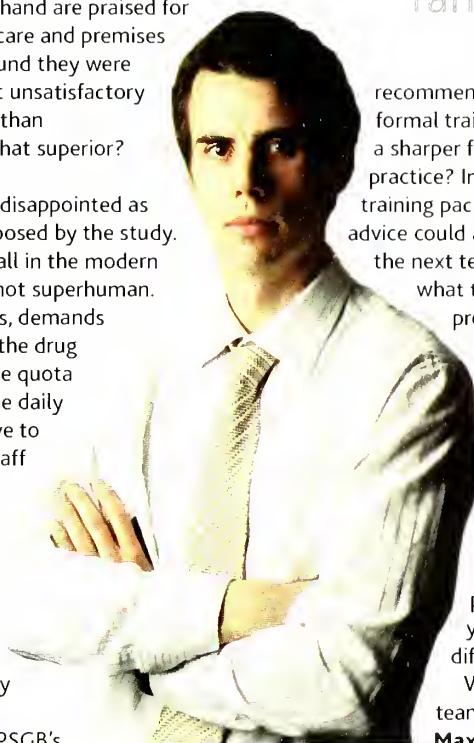
The profession
should take it as a
compliment that Which?
ran its study

recommendation that support staff complete formal training, but perhaps there needs to be a sharper focus applying it to day-to-day practice? In the meantime there is a wealth of training packages to choose from. Off-the-cuff advice could also play a part. Why not liven up the next tea break by quizzing your staff on what they would do in the scenarios presented by the study. The answers will tell you all you need to know about the strength of your training support.

Overall, the profession should take it as a compliment that Which? ran its study. A critique of the quality of pharmacy services reflects your rising stock as a key provider of NHS care. But patients have high expectations of you and some of the results make difficult reading.

Working together, it's nothing that team pharmacy can't handle.

Max Gosney, News Editor



Contents

News

- Unresolved EPS problems highlighted 4
- Which? finds some advice unsatisfactory 5
- Phased introduction key to Scottish services 6
- Parents should continue to use paracetamol 8
- Consent needed to view patient data 10

Opinion

- Xrayser and Locum at Large 12
- Letters: EPS has to work properly 13

CPD

- Update: Coeliac disease 17
- Practical Approach: STIs 22

Product News

Features

- Troubleshooter 26
- HRT: the facts 28

Classified & Recruitment

Postscript

34



PPA Awards 2008 Highly Commended

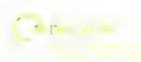
TABPI Awards 2008 Winner for news coverage

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EPS efficiency fears prompt emergency summit plans

Community pharmacies highlighted "unresolved problems" with EPS release 1

James Clegg

Pharmacy stakeholders are set for emergency talks with ministers over the viability of the electronic prescription service (EPS), C+D can exclusively reveal.

The summit comes after five leading pharmacy bodies demanded a meeting with the Department of Health to address concerns over the service.

A leaked copy of a letter to the DH, sent by the PSNC, CCA, RPSGB, NPA and AIMp, reported that, of the 84 per cent of

community pharmacies using the first wave of EPS, "the majority of pharmacies are reporting that using the service decreases the efficiency of the dispensing process".

The bodies highlighted "unresolved problems" with EPS release 1, including long script download times and issues scanning barcodes.

The letter goes on to question if these problems, compounded by glitches in the second phase of EPS roll out scheduled for later this year, could compromise the supply of medicine and patient safety.

The letter calls for "guarantees that EPS will work technically, be business functional, improve service delivery at pharmacies and is safe for patients, before roll out can be contemplated".

The coalition of pharmacy bodies in question said that the letter, dated July 21, was part of a continuing dialogue on the topic and they would not comment further until an outcome had been reached.

A DH spokesperson said: "The Department is meeting with these bodies on October 22 to discuss

the matters raised. Patient safety has always been paramount in our plans for an electronic prescription service."

C+D reported last week that pharmacy leaders had challenged the government estimate of the potential savings from EPS.

Impact assessments published by the DH this June predicted a £300 million benefit from the project.

Key savings would be made from patients no longer having to get repeat prescriptions from GPs and reduced waiting times at pharmacies, the DH said.

PM reveals vascular screening start date

Pharmacists could kick off a UK-wide vascular screening programme next April.

At the Labour party conference in Manchester this week, the prime minister confirmed that the £250 million initiative to provide free check-ups for over-40s would roll out next spring.

Pharmacists look set to play a starring role in the screening service, first tabled by the Department of Health in April. Vascular screening duties were discussed in the pharmacy white paper and Lord Darzi's review of the NHS.

England's chief pharmacist Keith Ridge called on the profession to "embrace the opportunity" of vascular risk screening.

Speaking at Hampshire & IoW LPC's AGM on the day of the prime minister's announcement, he said: "Getting that right, I think, will lead to a range of other things in terms of implementation of the white paper."

The prime minister did not give details of how the vascular screening service would be funded. However, he revealed that the NHS would look to use cash savings from its drugs budget to aid patients suffering from chronic conditions.

Measures would include scrapping prescription charges for patients with long-term conditions, starting with cancer,

the prime minister revealed.

He said: "Because we know that almost every family in Britain has been touched by cancer, [health secretary] Alan Johnson and I know we must do more to relieve the financial worry that so often goes alongside the heartache."

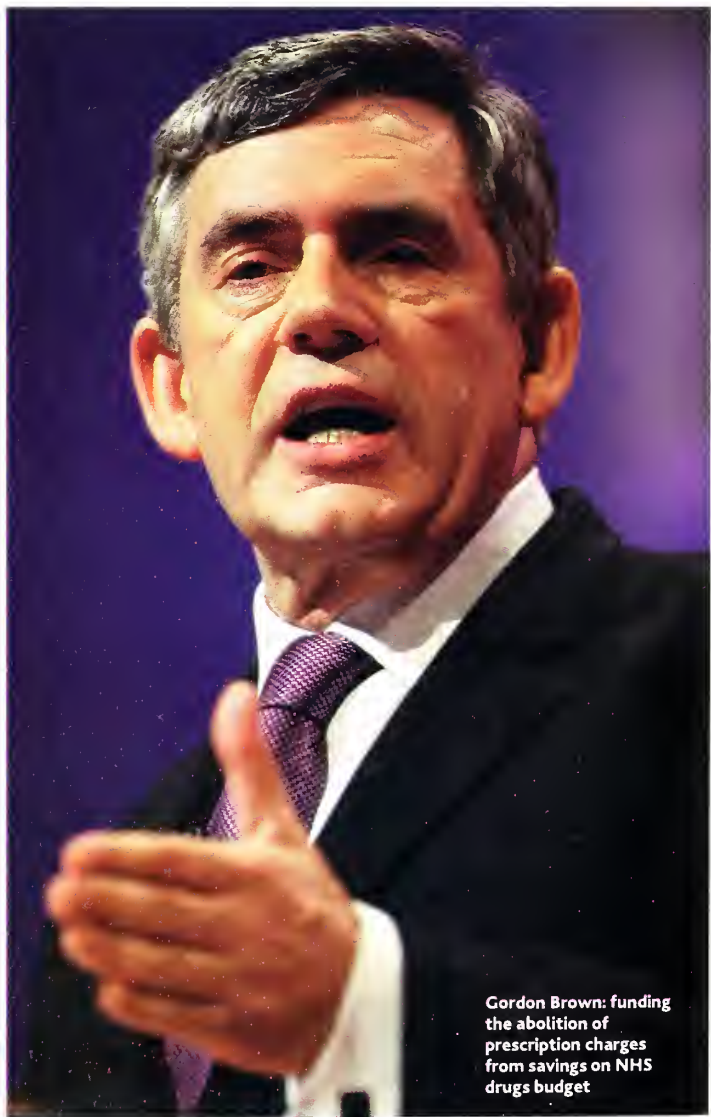
The RPSGB applauded the prime minister's commitment to abolishing prescription charges for cancer patients from next year.

But English Pharmacy Board chair Beth Taylor warned that this should not be compromised by a requirement to generate drugs bill cuts.

"We do not think [Gordon Brown's] promise should be conditional," she said. "Patients should not have to pay for the NHS failing to deliver savings in the drugs budget."

The Labour party conference included a group of grassroots pharmacists representing the profession on behalf of the RPSGB, PSNC, NPA and CCA.

A PSNC spokeswoman said: "They can help get our message across because they understand the importance of policy on the ground and how it affects them and their work." **JC**



Gordon Brown: funding the abolition of prescription charges from savings on NHS drugs budget

Can the PM deliver for pharmacy?
mgosney@cmpmedica.com

One third of pharmacy advice 'unsatisfactory'

► "Meaningful action required," says consumer rights organisation Which?

Jennifer Richardson

Unsuitable and potentially

dangerous advice is being given to customers in some pharmacies, a consumer rights organisation has claimed.

A mystery shopping investigation by Which? revealed unsatisfactory advice given in one third of 101 pharmacy visits, it said.

Pharmacy representatives called on Which? to share further details with the profession, in order that necessary improvements could be made. Stakeholders also highlighted some of the research's more favourable findings, such as the positive impact of increased availability of consultation rooms.

Thirty-seven per cent of requests for migraine treatment Imigran Recovery were not dealt with satisfactorily, according to

Which?'s "expert panel" of three "experienced pharmacists". In 40 per cent of cases, sales assistants did not alert the pharmacist to the sale, and 20 per cent of sales assistants who conducted the sales did not ask "a single question".

One fifth of responses to emergency contraception requests were also deemed unsatisfactory by the study, published in the October issue of Which? magazine, with four pharmacies particularly criticised for questioning the patient at the counter.

Forty-four per cent of pharmacies failed to give satisfactory advice on persistent travellers' diarrhoea, Which? said. The majority of these enquiries were dealt with by sales assistants who did not alert the pharmacist. Which? expressed concerns about staff training.

"It's vital that training improves

and that meaningful action is taken against those that fail to deliver, so that customers can trust the advice they receive," said Which? magazine editor Neil Fowler.

Numark interim managing director John D'Arcy said the profession should be "cautious in drawing firm conclusions from ad hoc mystery shopping". But he added: "We ignore some of the key findings of the study at our peril, particularly the need to make staff training more effective."



John D'Arcy: cautious about drawing conclusions from mystery shopping

For more pharmacy reaction and Which?'s internet findings, visit www.chemistanddruggist.co.uk

Lloyds praised for diagnosis

A Which? researcher has told

how she was diagnosed with diabetes thanks to free testing at her local community pharmacy.

After losing over a stone in weight in just a few months, Carole Shepherdson visited her GP, who told her she would have to wait four weeks for blood tests.

Worried and unprepared to wait a month, Ms Shepherdson was considering private treatment when her mother suggested she visit their local Lloyds pharmacy.

After recording Ms Shepherdson's "sky high" blood sugar reading, the pharmacist sent her straight back to the doctor, securing her a diagnosis of diabetes within a week. "It was a big help," Ms Shepherdson told C+D, after her case was highlighted in Which?'s report on pharmacy advice, published this week.

Ms Shepherdson is full of praise for Lloyds pharmacy. "Everyone was so nice and it was just so private and discreet," she said. JR

Lab reinforces crystal meth fears

Community pharmacists must

remain "ever vigilant" to potential criminal activity associated with sales of pseudoephedrine- and ephedrine-containing medicines, representatives have warned.

In July, the MHRA will review its decision not to reclassify the drugs, which can be used to manufacture class A drug methylamphetamine (crystal meth) in home laboratories, from pharmacy to prescription-only.

But RPSGB director of policy and communications David Pruce said

the medicines regulator would need to produce "real evidence" for reclassification.

"I would expect them to actually be able to demonstrate that people are buying up quantities of pseudoephedrine from pharmacies and using them to make crystal meth."

Mr Pruce urged pharmacists to report any suspicions they may have about pseudoephedrine or ephedrine purchases.

"We need to maintain vigilance;

the problem hasn't gone away," stressed Mr Pruce, whose warning was echoed by the NPA.

Their comments follow a discovery by the Metropolitan Police of a crystal meth lab in London in June. It is the first since new regulations came into force on April 1, limiting the amount of pseudoephedrine and ephedrine pharmacies can sell in a single transaction. About 100 packs of pseudoephedrine tablets were at the site, said the MHRA. JR

News in brief

Apologies, Ivan

C+D would like to stress that health minister Ivan Lewis did visit a pharmacy between June 2007 and 2008, contrary to a report in last week's issue (C+D, September 20, p5). Mr Lewis met Manchester-based pharmacist Fin McCaul and other local contractors at the Prestwich pharmacy this summer. C+D's report was based on official government information on the number of pharmacy visits carried out by the senior DH team.

Practical Approach

Extra copies of C+D's Practical Approach Book 2 (sponsored by Apotex) are now available. To get a copy contact Pauline Sanderson on 01732 377269 or email psanderson@cmpmedica.com

Pharmacy Show speakers

England's chief pharmacist and the chairmen of the NPA and the Independent Pharmacy Federation have been announced as The Pharmacy Show's Sunday conference speakers. Keith Ridge, Paul Bennett and Fin McCaul will appear at the Birmingham NEC on October 12.

Drive-through errors

A US study that showed pharmacists believe drive-through dispensaries are associated with dispensing errors could be a "useful reference" for British companies looking to introduce the format, the RPSGB has said. www.chemistanddruggist.co.uk

Mystery shopping funds

The NPA and the RPSGB have received DH funding for a mystery shopping project aimed at improving pharmacy minor ailments treatment. The bodies had been "encouraged" by pilot results, the NPA said.

BUSINESS SEMINARS

C+D Business Seminars

Maximise Your Pharmacy's Potential

See page 14

News in brief

On call for the kids

Two Fife pharmacists have been encouraging local children to ask about medicines. Susan Hill and Avril Koptyo talked to primary school pupils at Kirkcaldy's Dunnikier Primary School Health and Well-being for all the Family Week.

Scottish premises cash

The Scottish Government has briefed contractors on the criteria needed to qualify for grants to upgrade premises. For the full document, go to <http://tinyurl.com/3g75se>

Phoenix adds depot

Phoenix has announced plans to open a 14th UK depot in south London. The wholesaler cited expanding hospital business, new clients and its Nucare acquisition as reasons to expand in the region. An exact location has yet to be determined.

Fuel hike hits home

Almost three-quarters of smaller businesses have lost out because of spiralling fuel and energy prices, according to an online survey run by The University of Nottingham Institute for Enterprise and Innovation.

Research project revealed

The DH has announced a £4 million project for healthcare scientists to undertake research to improve patient services and treatment. The research projects may include helping patients to self-care and self-manage, and developing diagnostic tests.

Phased introduction is key to Scottish services

Numark contractors identify the challenges to contract services development

Zoe Smeaton

Contractors in Scotland are concerned about the impact new services could have on their workloads, and say they expect the pharmacy sector to come under closer scrutiny in the future.

Identifying challenges for the year ahead, pharmacists on Numark's Scottish Advisory Board said work volume and delivering extra clinical services were key.

Contractors also questioned how their success would be monitored, at a meeting of the advisory group

in Newcastle this week.

The comments follow the announcement of national pharmacy-led smoking cessation and sexual health services by the Scottish Government this summer.

Ray Mackie, from Slamannan Village Pharmacy in Falkirk, explained: "Everyone praises what's happening in Scotland and we get the limelight, but at the end of the day someone is going to sit down with it and say is [pharmacy in] Scotland providing value for money?"

Alex MacKinnon, Community

Pharmacy Scotland spokesperson, agreed that managing workload could be a challenge. He said: "We have developed a very forward-thinking contract in terms of moving pharmacy down a more clinical route, and there will be a lot of challenges in that process."

But Mr MacKinnon said there had been a phased approach to introducing the new roles, with time and funding built in to the process. He said if pharmacy rose to the challenge it could unlock more funding and would "assure the role of pharmacy in the future".

Numark offers members two new services

Numark is set to boost its offering to members with two new services due to be launched by the end of the year.

From October, members will have access to a Numark branded specials range, produced by Quantum Specials. Numark is also planning a private weight management scheme aiming to help patients lose 5 per cent of their body weight over 12 weeks.

Members will be able to buy a package including training and marketing materials, and information for patients. **ZS**



Members of Numark's Scottish Advisory Board this week visited Quantum Specials to find out about the new branded range

BPC 2009 will separate science and practice

Next year's RPSGB British Pharmaceutical Conference will be divided into separate practice and science sections.

BPC committee chair John Gentle told C+D: "Feedback has shown people tend to go either to

practice sessions or science sessions rather than both. In effect we've been running parallel strands for some time. We can now target exhibitors and sponsors more accurately, as well as our delegates."

The two conference strands will

be held in Manchester in September 2009, with practice dominating the first half of the conference and science the second.

Mr Gentle said: "Any considerations about making it two different events at different

dates and places were dismissed by everyone round the table." **JC**

If the BPC split, would you attend?
mgnosney@cmpmedica.com

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I'm a shrewd cookie?
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NPA: parents should continue to use paracetamol in children

Research linking analgesic with asthma and other conditions doesn't rule out use where "indicated and necessary"

Jennifer Richardson

Pharmacists should continue to advise parents to use paracetamol to control pain and fever in children, the NPA has said. The guidance followed publication of a study linking paracetamol use in early childhood to increased risk of asthma, rhinoconjunctivitis and eczema.

Paracetamol use in the first year of life was associated with a 46 per cent increased risk of asthma symptoms in six to seven-year-olds, research published last week in medical journal *The Lancet* indicated.

The study also linked use of the analgesic in the first year of life with a 48 per cent increased risk of rhinoconjunctivitis and a 35 per cent increased risk of eczema at age six to seven.

Paracetamol use in the previous 12 months was associated with dose-dependent increased risks of all three conditions in the study's 200,000 six to seven-year-old subjects.

"Exposure to paracetamol might be a risk factor for the development of asthma in childhood," researchers concluded, but added:



Paracetamol is safe and effective for children when used appropriately, says the NPA

"The findings do not constitute a reason to stop using paracetamol in childhood." Further research was needed to determine causality, the researchers said.

NPA chief pharmacist Colette McCreedy agreed, and recommended pharmacists "reinforce the message that

paracetamol is safe and effective when it is used properly at the correct doses".

She said: "Worried parents should be reassured and advised that they should continue to use paracetamol where it is indicated and necessary."

But parents should be reminded

not to use the drug as a routine pacifier in the absence of pain and fever, Ms McCreedy added.

The MHRA would review the study and communicate any change of advice to health professionals and the public, a spokesperson for the medicines regulator said.

Branch network needs 'radical overhaul'

A "radical overhaul" of the RPSGB's branch system is key to a new professional body, pharmacist representatives have said.

Community pharmacists often worked in isolation and lacked peer support, said Pharmacists' Defence Association (PDA) chairman Mark Koziol, in a debate for Transcom, the steering group charged with the leadership body's development.

"The local branches – if we could

blow some real investment into [them], we would be able to provide that kind of peer support network," Mr Koziol said in the discussion, available as a podcast on the Transcom website (www.transitionalcommittee.com/blog.html). "That's got to be a role for a new professional body."

And in a comment posted on the blog, RPSGB English Pharmacy Board chairman Jonathon Buisson

called for a "radical overhaul" of the branch system, with all local pharmacist support bodies "merged into a single pharmacy support network". "Pharmacy's effort is spread too thinly," he argued.

In the podcast debate with Mr Koziol, and community pharmacist contractor Graham Phillips, RPSGB Council member Catherine Duggan echoed Mr Buisson's point. Joining up the "far too many" types of

support and education programmes into "one developmental framework" would be "one big quantum leap the leadership body could encompass", Ms Duggan said.

RPSGB director of policy and communications David Pruce said: "The Society is conducting a series of surveys that are designed to gauge the views on the local support networks currently provided by the Society." JR

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Glucosamine PDP 500mg Capsules	90	1	4.89	24.86	333-0032
Glucosamine/Chondroitin PDP Combi 500/400mg Tablets	30	1	6.75	24.86	333-0057

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* CLASSIFICATION: Food Supplement – NOT a Licensed Pharmaceutical

Dispensary TALK

Are you happy to subsidise the retention fees of low-income pharmacists'?



"The problem with pharmacy is it's not as united as it should be. By subsidising low earning pharmacists we can bring more unity to the profession. Personally though I don't think we should be paying any more for retention fees than we have to."

Aniket Parikh, Clockwork Pharmacy, Hackney, London



"We used to subsidise part-time pharmacists and then later everyone ended up paying the same. I don't mind going back to that and paying for low earning pharmacists but that's not the only reason fees have gone up. I think the increases in the last few years have been unfair."

Amanda Jones, Village Pharmacy, Harlington

Next week's question: The political party conference season is in full flow, so who would do the best job for pharmacy?

Consent needed to view electronic patient data

» Permission required each time to see patient summary care records

Zoe Smeaton

Pharmacists wanting to access patient summary care records will in future have to gain consent each time they view the information.

Connecting for Health (CfH) said this week that patients would need to be specifically asked every time a health professional wants to see their care record. The agency also outlined plans to protect privacy further by ensuring information on certain sensitive conditions is not updated automatically from GP records to the summaries.

Industry insiders have warned this could be "inconvenient". But plans to give the profession access to patient records were boosted after CfH announced a pilot of the system would include the profession.

Dr Gillian Braunold, clinical director for summary care record and HealthSpace at CfH, told C+D the agency supported pharmacy access to the records. She added that a pilot in which community pharmacists would access the



Health professionals will have to check with patients every time they access their care record

records on was expected to begin in Bradford. The PCT confirmed it was looking into such a pilot.

Dick Hazlehurst, LPC secretary for Bradford PCT, said he was pleased the PCT was piloting care records. He explained: "Anything that helps pharmacists to be more directly engaged with their

patients' welfare is good... it has got to be in patients' interests."

But Mr Hazlehurst warned it could be inconvenient for pharmacists to have to check every time they accessed the record. He said this also seemed unnecessary if they had seen it before and the record had not been changed since.

NHS IT bosses initiate debate on use of patient health records

NHS authorities have challenged pharmacists to join the debate on the handling of electronic patient data.

Connecting for Health said it wanted views from healthcare professionals on the use of personal information held by the NHS for research purposes.

A 12-week consultation will also ask pharmacists and the public to consider:

- what concerns people have

about the secondary use of patient data

- how access should be governed when patients can't be identified
- who should access patient data
- and what consent options and safeguards should there be for patients?

The move could pave the way for patient data being used in research into some of the UK's biggest killers, such as heart disease and cancer.

Professor Sir Michael Markham, professor of medicine at Leeds University, said: "It is vitally important patients and the public understand how their health information might be useful and feel confident their confidentiality will be protected." **MG**

Should patient data be used for research?
zsmeaton@cmpmedica.com

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- Find out how to maximise your pharmacy's potential at our one-day seminar. Visit www.chemistanddruggist.co.uk/seminar for more information or see page 14

No love lost for dating-site style PCT ads

James Clegg

A website for PCTs to advertise contracts to local service providers has sparked a mixed reaction from community pharmacy organisations.

The NHS Supply2Health site aims to hook up care trusts and suppliers and is billed as the NHS' answer to internet dating site, Match.com.

The site will provide a central resource for PCTs to advertise their tendering opportunities, according to health minister Ben Bradshaw.

The NPA issued a statement welcoming the site as "a step in the right direction of levelling the playing field for health service providers" but added it was "no substitute for dialogue".

But an NHS spokesperson

disputed that the site was intended as a "substitute".

He said: "This is specifically about tendering for contracts. Use of the portal will be alongside standard PCT commissioning and procurement processes, including dialogue."

The Independent Pharmacy Federation's Fin McCaul praised the website for providing transparency but echoed the NPA's concerns. He

said: "Issues around NHS commissioning and the competence and capability of PCTs to deliver on these principles are not just about access and tendering."

Supply2Health will launch on October 1. It is based along similar lines to the Supply2gov.uk site which advertises public sector contracts to small to medium sized businesses.

News in brief

NCSO update

The DH and the National Assembly for Wales have agreed to allow an NCSO endorsement for the following item for September prescriptions: hydroxyzine 25mg tablets.

Non-payment punished

Fifteen pharmacists have been removed from the register of the Pharmaceutical Society of Northern Ireland for non-payment of fees.
www.psnri.org.uk

E-pharmacy up for award

An internet pharmacy has been named as a finalist in an award for the best start up businesses of 2008. www.chemistdirect.co.uk is one of 60 finalists in Startups' competition, organised in conjunction with Barclays bank.
www.startups.co.uk

Teva boosts range

Teva has launched generic fluvastatin capsules. The statin drug will be available in 20mg and 40mg capsules in packs of 28.

Battle booze

Pharmacy could use vascular checks in the battle against alcoholism as a public health issue. The Company Chemists' Association made the recommendation at a meeting on alcohol reduction policies organised by the Institute for Public Policy Research.
www.chemistanddruggist.co.uk

PPD site shake up

The Prescription Processing Division is consolidating its existing nine processing sites into three regional sites. The sites are based in Newcastle, Middlebrook/Horwich and Wakefield.

NEW

ITAX:

bad news for head lice, good news for you



ITAX, one of Europe's leading head lice treatments, is now available in the UK

This is what your customers have been asking for: an effective, easy to apply, non-chemical insecticide, head lice treatment.

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*In 9 out of 10 cases

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ITAX 04 08/08

The truth about the safety of OTC medicines

Is the end in sight for OTC children's medicines? It can't be far away, as one of the 'safest' drugs ever discovered is the latest to have its reputation hit by reports that it's not as safe as we had believed. Paracetamol use in children has now been linked to asthma, eczema and rhinoconjunctivitis, in a study published in *The Lancet*.

My own reputation is also at risk here, as paracetamol tops my recommendation list for children, pregnant women and people taking virtually any other medication. As long as you don't exceed the recommended dose and don't take it with other medicines that contain paracetamol, it's as safe as houses, I say. Only houses built from balsa wood in the path of a hurricane and insured by Lehman Brothers, it now appears. How was I to know?

At least this new finding provides one explanation for a whole generation of school age children affected by asthma and eczema. There are plenty of others of course, but today's generation are virtually weaned on this drug. From the anti-pyrexia measure accompanying the first vaccination to the soothing pain relief following that bicycle mishap and the 'just in case' spoonful at the first sign of a sniffle, little Johnny is more familiar with that strawberry flavouring than the taste of the real fruit.



Even the MHRA has been touting paracetamol as the drug to give your precious offspring, whatever's wrong with them. Just as long as you don't give them any of those other nasty cough and cold medicines until they're at least two years old, was the advice.

But with the benefit of hindsight, yesterday's guidance can look a little naive. It's perfectly obvious now that liquid paraffin isn't the best thing for constipation, aspirin may cause Reye's syndrome and there are better first choice antihistamines than terfenadine, but we've supplied them all with the best intentions.

"So what can I give Oliver and Olivia?" pleads Mrs Middle-England. "I'm so worried about their runny noses, I don't know what to do."

"Have you tried glycerin, honey and lemon? It's very... er... cheap. And it's perfectly safe. Honest."

"Well that'll have to do then. I'll have five bottles please. And I'll just have to go and see the doctor for some antibiotics."

Is this really the future of self-care? Is it only a matter of time before a link is discovered between every OTC medicine and some unpleasant side effect? The business case for OTC medicines and POM to P switches is looking decidedly flawed. I can't make a living from selling glycerin, honey and lemon.

As usual, I'm left with egg on my face and some difficult explaining to do. Interestingly, the media sought the truth in quotes from McNeil, Asthma UK and the British Pharmacological Society. I'm just glad they didn't ask me.

Where's the fairness and transparency?



As autumn approaches, there appears to be an atmosphere of total economic and financial unreality as far as community pharmacy is concerned. Over the past year, category M clawbacks have stunned the sector. Now we have the disgraceful fiasco of the switching of prescriptions by the Prescription Pricing Division to the clear financial detriment of contractors.

No one has explained to me

satisfactorily how or why this happened, unannounced and without consultation. Who was the senior bureaucrat who authorised this policy?

Our negotiators have regular meetings with officials from the DH, so why was information on the impact of this step not widely disseminated, for officials must have known about it. This begs the question of what else is being kept from contractors and their representatives, to be eventually, fortuitously, discovered by some unfortunate pharmacist puzzled as to why his payments no longer even cover his wholesaler bill.

Now we have the scenario where literally hundreds of prescriptions are being returned every month to every contractor for 'clarification', even when an endorsement has taken place – resulting in a further loss of income as payments are delayed. Next month a few hundred more items will be unpaid in a similar manner.

Cap that with the error rates in pricing by the CIP, again to

contractors' detriment, and one really wonders what the heck is going on. Our payment system appears to be vanishing into a black hole of incompetence, skulduggery and obfuscation as contractors appear to be having to fight for every penny that they are owed.

Fairness and transparency are two words that must be part of national talks – otherwise how can our negotiators hold meaningful discussions with civil servants gleefully planning their next move to cut payments to community pharmacy? As one who has watched and been part of the pharmaceutical scene for generations, I have never known the situation be so bad – a nightmare scenario if there ever was one.

To add fuel to the fire, wholesalers appear to be taking a tough line with contractors having difficulty settling their accounts. Presumably they feel they have their own problems and are not prepared to become a secondary

source of finance for those in financial difficulty. With banks taking an increasingly hard line on overdrafts, especially after the fall in financial viability of many smaller businesses, some contractors must be at their wits end wondering how on earth they are going to survive. Even the finance directors of some of our larger groups must be keeping an anxious eye on events as they seek to deliver shareholder return.

No wonder staff cutbacks, closure of smaller pharmacies, cancellation of business investment and expansion are now the order of the day. A necessary correction, some will say, in the face of adversity.

But there must be a future of some sort for pharmacy somewhere, someday. The light at the end of the tunnel may be getting dimmer as the tunnel lengthens but many will wonder what community pharmacy will look like in, say, 2012 as the world focuses on the London Olympics.

Anyone got a crystal ball?



Letters

Please email us with your letters including your name and contact number to: haveyoursay@cmpmedica.com

Or write to the Editor at:

C+D, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE

Letters may be edited for content and length

Can CfH guarantee EPS will work for pharmacy?

Have Your Say online

I am pleased to hear that, having worked closely with Connecting for Health, Patrick Leppard is confident that the necessary work is being completed to ensure the electronic prescription service (EPS) will work in community pharmacy (C+D, September 13, p15).

I sincerely hope that Mr Leppard is right, as it will of course be damaging to the reputation of community pharmacy and the Department of Health if patients are inconvenienced or put in danger by delays or faults with EPS.

Could he therefore reassure me that:

download times will be reduced so that using EPS does not lead to increased waiting times in pharmacies

prescription barcodes will download on every occasion if my smartcard is lost or locked when I need it to dispense a prescription (particularly in the evening or at the weekend), it will be possible to reactivate it

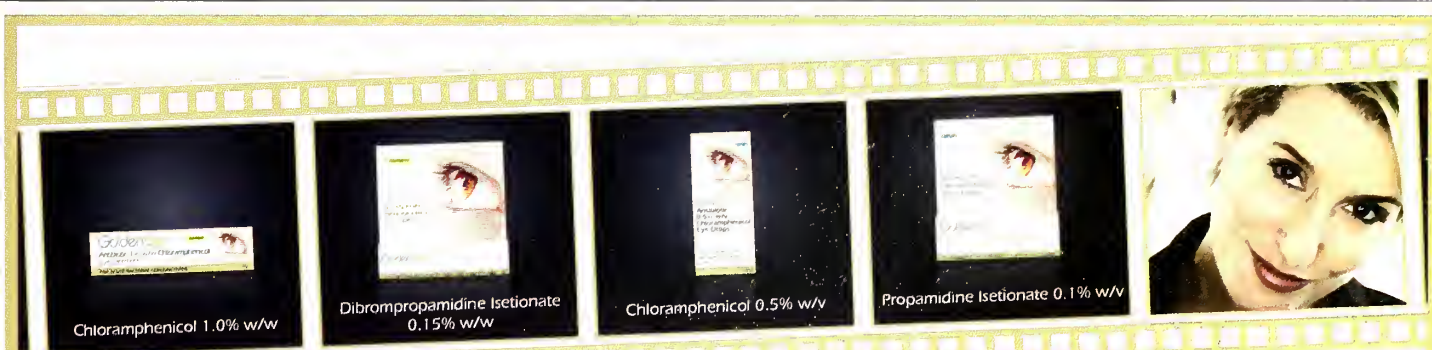
advice will be available on how to safely run a dispensary that will handle several different types of prescription (nominated EPS, non-nominated EPS, paper)

the spine will function at all times nomination will be monitored so that the system will not be abused EPS will not result in an increase in dispensing errors as a result of a new, and as yet untested, dispensing system.

If Mr Leppard can provide satisfactory answers to all these questions then I shall be happy to embrace EPS.

Kiran Patel MRPharmS, Luton

It will be damaging to the reputation of pharmacy and the DH if patients are inconvenienced or put in danger



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Maximise your pharmacy's potential

A one-day seminar for pharmacists to improve productivity and maximise the business opportunities offered by the Government's Pharmacy White Paper

Attend the seminar and learn how to:

- Recognise and build on your business strengths
- Prioritise areas for development in your pharmacy
- Find a successful business model for you
- Identify opportunities in the Pharmacy White Paper
- Create a bespoke action plan for your business

Community pharmacy is an intensely competitive business and one that has seen cash flow and operational challenges as the government recovers excess purchase profits with little or no warning.

But there are new opportunities ahead in the government's white paper vision for pharmacy. Attend C+D's Business Seminar and find out how you can gain a competitive advantage and maximise your pharmacy's potential by getting your business ready now. Changing what you do and how you do it is essential for survival.

The format of the seminar will be practical and hands on. You will examine issues from your own business and you will leave ready to create a powerful and unique action plan for your business. The seminar will show how a clearly defined business strategy, motivated staff and a focussed approach to reaching your objectives, will pay dividends.

The facilitators:

- Mike has extensive experience of multiple group management and independent ownership plus a strong desire to make a difference in the profession. He is chief officer of Hampshire & Isle of Wight LPC and associate director of pharmacy development consultancy balance
- Deborah has worked in the community pharmacy environment since qualifying including 12 years in the pharmaceutical industry in senior sales and marketing roles. Passionate about developing people and achieving high performance through leadership and coaching, she is managing director of balance

This one day seminar will cover:

- Pre-course information on reviewing your business, to identify your business objectives, what makes your business succeed and what is getting in the way of making it even more successful
- An overview of the pharmacy landscape, key policy drivers and why you need to change what you do
- An effective tool for creating positive change within your organisation
- A planning technique to set a future direction for your business which reviews the environment, strengths, weaknesses, opportunities and threats, uncovers your competitive advantage and what is critical to success.
- An insight into different business models and which applies to your pharmacy
- An action planning framework for making change happen

Full day seminar including refreshments and lunch: £195 + VAT (£229.12)

Programme

In association with



9.30am Registration

10am Introduction and overview of the pharmacy landscape

- The key policy drivers
- Why you need to adapt your business
- Q&A on the Government's blueprint for pharmacy

11am Group exercise

- Review your business objectives and identify ideas for development
- What makes your business succeed?
- What is getting in the way of it being even more successful?
- What ideas do you want to implement?

12pm Your business

- How to analyse your business
- How to define a direction and implement it
- Identifying what makes your business unique
- Identifying what opportunities you can exploit
- Understand competitive advantage

1pm Lunch

2pm Business models

- What different business models are there?
- Which business model is right for you?
- Key features of different models
- Pros and cons for each
- Your current business model
- Future proofing your business model

3.30pm Change management

- Learn how to put this learning into practice
- Tools to help you deliver change in your business
- Recognising where to focus to make the change happen
- Making it happen and ensuring you keep on course

4.30pm Questions and summary

- The day's learning plus actions and top tips to take away

5pm Close

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Date:

Monday 24 November 2008

Venue:

**Ludgate House,
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Facilitators:

- Mike Holden, chief officer of Hampshire & Isle of Wight LPC
- Deborah Evans, practising community pharmacist and performance coach

Booking form

Yes! I would like to attend the 'Maximising Your Pharmacy's Potential' seminar. Full day seminar including refreshments and lunch: £195 + VAT (£229.12) per delegate place

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Number of places required _____ I enclose a cheque for £ _____ made payable to CMP Information.

OR please charge my credit card for £ _____ Card type _____

Card number _____ Expiry date _____ Issue no. (debit cards only) _____

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C+D Clinical

Coeliac disease

Pharmacists will be more involved in management as further cases are identified

Key points

- Serological testing has brought to light many undiagnosed cases of coeliac disease.
- The intestinal mucosa is damaged by an auto-immune response to gluten.
- Symptoms are wide-ranging but most include diarrhoea.
- Treatment involves excluding gluten from the diet by avoiding wheat, barley, rye or their derivatives and – to be on the safe side – oats.

Gavin Atkin

Coeliac disease has come to be seen in a wholly different light in recent years. It used to be relatively rare, was mainly diagnosed in children, and presented with a classic range of symptoms. But now it's common, frequently found for the first time in adult life and presents with a range of symptoms that are often confused with unrelated conditions.

What led to this radical change was the development of serological tests, which have revealed in various studies a prevalence of around one in 100 people. By any estimate, this is far more than has been medically diagnosed, and it's increasingly clear that a huge number of coeliacs remains to be identified – perhaps as many as eight for every patient known to have the condition.

Studies also show that people with coeliac disease have often been misdiagnosed as having irritable bowel syndrome (IBS), and there is higher prevalence of the condition in this group. In addition, more elderly people are now known to have coeliac disease than was previously thought.

Today many of this previously hidden group are being diagnosed, often following blood testing for anaemia and screening of patients with conditions such as type 1

Reflect

What do raised levels of anti-endomysium indicate? What is dermatitis herpetiformis and how is it linked to coeliac disease? Why may a coeliac patient need to take a calcium supplement?

Plan

New methods of diagnosis mean you may be seeing more patients with coeliac disease. This article covers the symptoms, diagnosis and treatment.



This article can help in the following CPD competencies: **G1a, G1d, C2a, C3e, C3f**. See <http://tinyurl.com/68ox7b>



The true number of people with coeliac disease could be up to eight times higher than the one in 100 currently diagnosed

The College of Pharmacy Practice



This course (module 1451), in association with multiple choice questions being published in C+D October 6, provides one hour's continuing education

The problem of diagnosis

In theory, diagnosis is well-defined, if not entirely straightforward.

The first stage is to measure coeliac disease-specific serology using IgA-based tests for tissue transglutaminase antibodies or endomysial antibodies, or both. The limitations are that the antibody blood tests are 90-95 per cent accurate, but will not produce a positive result if the patient suspects gluten sensitivity and is already following a low gluten or gluten-free diet.

In this case the patient will need to reintroduce gluten before the tests can be carried out. The recommendation is that 10-15g of gluten per day should be reintroduced for about six weeks. This is equivalent to around four slices of bread.

If positive, the serological tests should be followed by a small bowel biopsy.

Several factors contribute to a low level of diagnosis in the community. The symptoms of coeliac disease are similar to those of IBS, and study evidence shows blood testing patients diagnosed with IBS can identify large numbers of individuals with coeliac disease.

Another is that many patients with intestinal

symptoms will stop eating wheat some time before presenting, often because of something they have read in the popular press, and are likely to produce a negative blood test. The problem here is that they are unlikely to want to return to eating food containing gluten in order to get a diagnosis.

Also, the misconception that coeliac disease is diagnosed in childhood and not adults is still common, according to Coeliac UK, and there is a suggestion this low level of awareness, coupled with the fact that intestinal disorders are not included in the GPs' quality and outcomes framework, may be hampering efforts to ensure more coeliac patients are identified.

The good news is that doctors' attitudes to coeliac disease may soon begin to change. Nice is scheduled to publish guidelines on the issue, and it's significant that its latest guidance on IBS includes a coeliac test. Although IBS is a diagnosis of exclusion, coeliac disease has not previously been on the list of conditions doctors have been required to exclude.

The era in which significant numbers of coeliac disease sufferers have been misdiagnosed as IBS patients is already drawing to a close.

Symptoms

A significant number of people diagnosed as having coeliac disease have no symptoms. However, this is only one aspect of a condition associated with wide-ranging symptoms including tiredness, headaches, joint or bone pain, mouth ulcers, depression, anaemia, osteoporosis, an associated auto-immune skin response called dermatitis herpetiformis, microscopic colitis, digestive malabsorption leading to weight loss and steatorrhoea, infertility and recurrent miscarriage, folate deficiency and malignancies including lymphoma. There are also cases of coeliac disease associated with neurological disorders.

The condition is now seen as a spectrum of disease with a variety of diffuse symptoms and of degrees of gut damage. Patients are often antibody-negative at one part of their life and antibody-positive later.

Although its prevalence has fallen, diarrhoea remains the most common symptom in adults. It is often accompanied by abdominal pain, flatulence and weight loss.

Children with coeliac disease often have diarrhoea accompanied by anorexia, failure to thrive and short stature. Doctors still occasionally see the classic pot-bellied wasted and miserable child, but this is unusual as the symptoms are typically identified on weaning.

An important complication is osteoporosis caused by chronic malabsorption of calcium. People diagnosed late with coeliac disease are recommended to have 1,000-1,200mg of calcium a day, rather more than is recommended for the general population.

A skin manifestation of coeliac disease, dermatitis herpetiformis (DH) is rare, but where it does appear is on the elbows, forearms, knees and buttocks. A biopsy from unaffected skin is used to diagnose DH.

Subsequent intestinal biopsies nearly always show the distinctive flattening of the intestinal villi seen in coeliac disease, but there is an interesting variation: most people with DH have none of the usual gastrointestinal symptoms.

Clamelle Azithromycin 500mg Tablets. Product Information.

Name: Clamelle Azithromycin 500mg Tablets. **Active ingredient:** Azithromycin 500mg. **Indication:** Treatment of confirmed asymptomatic *Chlamydia trachomatis* genital infection in individuals aged 16 years and over and the epidemiological treatment of their sexual partners. **Dosage:** A single 1 g dose. Children: Do not give to children under 16.

Contraindications: Hypersensitivity to azithromycin, macrolide antibiotics or excipients. Symptomatic infection. Symptoms suggestive of other STIs. Children under 16. Renal or hepatic impairment. Cardiac disease. Patients taking ciclosporin, digoxin, ergotamine, terfenadine, theophylline, disopyramide, rifabutin, coumarin anticoagulants. Pregnancy and breast feeding.

Precautions: To reduce risk of vomiting take dose before bed and at least 2 hrs after food or drink. If taking oral contraceptive and vomiting or diarrhoea occur, refer to contraceptive instructions for measures to reduce risk of contraceptive failure. **Interactions:** Antacids. Take azithromycin at least 1 hr before or 2 hrs after the antacids. See contraindications. **Side effects:** Infections: candidiasis.

Blood: neutropenia, thrombocytopenia. Psychiatric: aggressiveness, restlessness, anxiety, nervousness. Nervous: dizziness, vertigo, convulsions, headache, somnolence, taste perversions, syncope, paraesthesia, hyperactivity, asthenia, insomnia. Ear: hearing impairment including hearing loss, deafness and tinnitus. Cardiac: palpitations and arrhythmias. QT prolongation and torsades de pointes. Vascular: hypotension. Gastrointestinal: nausea, vomiting, diarrhoea, abdominal discomfort, loose stools, flatulence, digestive disorders, anorexia, dyspepsia, constipation, tongue discolouration, pseudomembranous colitis, pancreatitis. Hepatobiliary: abnormal liver function including hepatitis and cholestatic jaundice. Hepatic necrosis and failure. Skin: allergic reactions. Photosensitivity, oedema, urticaria, angioneurotic oedema, erythema multiforme, Stevens Johnson Syndrome, toxic epidermal necrolysis.

Musculoskeletal: arthralgia. Renal: interstitial nephritis, acute renal failure. Reproductive: vaginitis. General: anaphylaxis, fatigue, malaise. **Pregnancy and lactation:** Contraindicated. **RRP (excl VAT):** £17.02

Legal category: P. **PL number:** 10622/0164. **PL holder:** PLIVA Pharma Ltd., Vision House, Bedford Rd, Petersfield, Hampshire, GU32 3QB. For further sales information contact Actavis (UK) Ltd, Whiddon Valley, Barnstaple, North Devon, EX32 8NS. **Date of preparation:** August 2008.

diabetes and thyroid disease. Duodenal biopsies in patients with dyspepsia or gastro-oesophageal reflux are also revealing new cases.

These newly diagnosed patients often had at least some coeliac symptoms for many years. Figures from an as-yet unpublished Health Economics Research Centre survey of Coeliac UK members last year showed patients waited for an average of 13 years before being given a diagnosis for their symptoms.

Aetiology

Coeliac disease is a life-long intolerance to proteins found in the alcohol-soluble or gliadin fraction of the gluten of wheat, barley and rye. It is largely but not wholly determined by our genes. Ten per cent of first-degree relatives of coeliac disease sufferers are found to be affected and if one of a pair of identical twins has the condition, in 75 per cent of cases the other twin will have it too.

Clinically, the intestinal mucosa is damaged by an autoimmune response initiated by a peptide fragment in the gliadin. Villi that would normally help to absorb food flatten and are lost. Biopsy evidence of this loss of villi is considered the gold standard of diagnosis. Among patients identified by biopsy to have coeliac disease, 95 per cent also have raised levels of anti-endomysium and tissue transglutaminase antibodies, which are the bases for the immunological tests.

Other autoimmune conditions associated with coeliac disease include thyroid disease, rheumatoid arthritis and type 1 diabetes: coeliac disease occurs in 3-6 per cent of people with type 1 diabetes, and specialist diabetes centres now screen children with type 1 diabetes.

It is well established that coeliac disease sufferers who do not eat a gluten-free diet and recently diagnosed coeliac patients are at a higher risk of bowel cancer compared with normal subjects. However, as long as they follow a gluten-free diet their excess risk falls over the next few years to a level similar to that of the rest of the population.

THE UK PHARMACY FINANCE SURVEY

SEPTEMBER 2008

Money, money, money. It's all over the papers at the moment! This time last year the phrase 'credit crunch' meant nothing to us. So how is pharmacy faring in the global slowdown? C+D has teamed up with Pharmacy Partners to find out. Please fill in this survey, and post it back using the Freepost address. We'll print the findings in C+D this autumn. By responding to this survey you'll be entered into a free prize draw to win a locum for a day or one of ten £25 Marks & Spencer vouchers.

Complete your survey today...there are 13 opportunities to win!

WIN
 a free locum
 for a day prizes worth
£250
 Plus 10 opportunities
 to win £25 of
 Marks & Spencer
 vouchers!

SECTION 1 CURRENT SITUATION

Q1 What services does your pharmacy currently provide/is your pharmacy accredited to provide?

Providing	Accredited to provide	Providing	Accredited to provide	Providing	Accredited to provide
Essential services only		MURs		EHC	
Minor ailments		Smoking cessation		Anti-coagulation	
Needle & syringe exchange		Supplementary Prescribing Service		Weight loss clinic	
Care home support		Supervised administration		Chlamydia testing	
Disease Specific Medicines Management		Gluten Free Food Supply		Diabetes screening/monitoring	
Screening Service		On Demand Specialist Drugs		Blood pressure monitoring	
Patient Group Direction		Prescriber Support Service		Allergy testing	
Home Delivery		Out of Hours services		Prescribing	

Q2 How many NHS items do you dispense per month?
 0 – 2,999 3,000 – 5,999 6,000 – 9,999 10,000 +

Q3 Are you
 Owner/Director (*Answer Sections 2 and 4*)
 Employee (*Answer Sections 3 and 4*)
 Locum (*Answer Sections 3 and 4*)
 Other (*please write in*).....

SECTION 2 OWNERS/DIRECTORS

Q1 How long have you owned your pharmacy?
 0 – 6 months
 7 – 12 months
 1 – 5 years
 5 + years

Q2 Where is your pharmacy based?
 ENGLAND North West
 ENGLAND North East
 ENGLAND Midlands
 ENGLAND East Anglia
 ENGLAND South East
 ENGLAND South West
 SCOTLAND
 WALES
 NORTHERN IRELAND

Q3 What stage is your pharmacy at?
 Growing
 Static
 In decline
 Looking to sell
 Other (*please write in*).....

Q4 How do you currently finance your Pharmacy?
 Bank loan
 Own equity/director's loan
 Wholesaler guaranteed loan
 Trading profit
 Overdraft
 Family investment
 Credit card
 Factoring/ invoice discounting
 Other (*please write in*).....

Q5 If you have a wholesaler guaranteed loan how much time is left on the term of this?
 Under 2 years
 2 – 7 years
 7 – 10 years

Q6 Has your drug wholesaler changed any of the following terms of your agreement recently?
 Have to settle my account in fewer days
 Credit limit has been reduced
 Percentage of drugs I am required to buy from my wholesaler (where drug wholesaler is loan guarantor) is being more rigorously enforced or has increased.
 Other (*please write in*).....

Q7 How well do you feel your bank understands the independent pharmacy sector?
 Very well Moderately well Not at all

Q8 If applying for a loan to make an acquisition, have you noticed a reduction in the amount you can borrow as a percentage of goodwill value?
 Yes - higher Yes - lower No

Q9 Has the impact of the reduction in Category M payments meant you have had to do any of the following?

Reduce staff numbers
 Increase equity/director's loan funding
 Cut other overheads
 Defer expansion plans
 Extend/take out an overdraft
 Reduce own pay
 Take out a loan
 Other (*please write in*).....

Q10 To what degree have control of entry regulations effected your business?
 Significant effect
 Some effect
 No effect

Q11 Which buying group are you a member of?
 AlbaPharm
 Avicenna
 CamRx
 Cambrian Alliance
 Nucare
 Numark
 PharmaPlus
 Other (*please write in*).....
 None

Q12 If you are a member of a buying group what difference has this made to your purchasing power?
 Significant
 Moderate
 Negligible
 Not a member of a buying group

Q13 To what extent do you rely on the advice of your accountant?
 Significantly
 Moderately
 Minimally

IN THE 12 MONTHS PRIOR TO THE CREDIT CRUNCH

Q14 What was the nature of your expansion?
 Acquired additional pharmacies
 Acquired my first pharmacy
 Offered additional services
 Undertook a shop refit
 Supplied nursing homes
 Invested in technology
 100-hour contract
 Expanded OTC product range
 Other (*please write in*).....
 None of the above
 No expansion

Q15 How did you finance your pharmacy's expansion?

- Bank loan
- Wholesaler guaranteed loan
- Overdraft
- Credit card
- Factoring/ invoice discounting
- Own equity/director's loan
- Trading profit
- Family investment
- Other (please write in).....

Q16 If you undertook a shop re-fit, by what percentage did your turnover grow?

- 0 - 10%
- 10 - 20 %
- 20 - 30%
- 30 - 40%
- 40+%

Q17 How much did you invest in offering extra services and growing your pharmacy during this period?

- £ 0 - £ 4,999
- £ 5,000 - £ 9,999
- £ 10,000 - £ 19,999
- £ 20,000 +

OWNERS/DIRECTORS - NOW SKIP TO SECTION 4

SECTION 3 EMPLOYEES/LOCUMS

Q1 Has the impact of the reduction in Category M payments meant you have had to do/have experienced any of the following?

- My hours of work have been reduced
- Your locum bookings have decreased
- Extend/take out an overdraft
- Take out a loan
- Your locum rate has decreased
- Overtime has been cancelled
- Booking cancelled
- Other (please write in).....

Q2 If you are an employee or locum, are you currently planning to purchase your first pharmacy?

- Yes - within the next 12 months
- Yes - after 12 months and within 5 years
- No

Q3 If "Yes", how are you planning to finance this?

- Bank loan
- Wholesaler guaranteed loan
- Own equity/director's loan
- Family Investment
- Don't know
- Other (please write in).....

Q4 If you are currently looking for start-up finance, given the present economic climate, how easy is it proving for you to raise the money you need?

- Extremely difficult
- Quite difficult
- Not difficult
- Not looking

Q5 In what region of the UK are you based?

- ENGLAND North West
- ENGLAND North East
- ENGLAND Midlands
- ENGLAND East Anglia
- ENGLAND South East
- ENGLAND South West
- SCOTLAND
- WALES
- NORTHERN IRELAND

SECTION 4 FUTURE PLANS

Q1 Given the current economic climate, do you plan to grow/develop your pharmacy business in any of the following ways in the next 12 months?

- Acquiring new outlets
- Offering additional services
- Shop refit
- Supplying nursing homes
- Expanding OTC product range
- 100-hour contract
- Supply a medical centre opening nearby
- Increase marketing activity
- No, I am putting growth plans on hold
- Undergo training for self (eg Prescribing)
- Training for staff (ACT etc)
- Other (please write in).....

Q2 If you are planning to grow your pharmacy business within the next 12 months, which of the following do you plan to use to finance this?

- Bank loan
- Wholesaler guaranteed loan
- Overdraft
- Credit card
- Factoring/ invoice discounting
- Own equity/director's loan
- Trading profit
- Family investment
- Other (please write in).....

Q3 If you were paid immediately for your NHS dispensing what would be the biggest benefits of this to you?

- Cash flow to cover running costs
- Cash flow assistance following Category M payment reduction
- Increased cash to negotiate with suppliers
- Money to invest in expansion
- Money to diversify business interests
- Personal drawings
- Other (please write in).....

Q4 How is your total turnover split?

NHS %	OTC %
100	0
90	10
80	20
70	30
60	40
50	50
other	other

Please complete your details overleaf

Treatment

Another key finding from the Health Economics Research Centre survey mentioned earlier is that patients with coeliac disease who modify their diet by excluding gluten frequently experience a striking improvement in their quality of life.

Put simply, the treatment for coeliac disease is a diet without wheat, barley or rye, or their derivatives. Oats are safe for most people, but few oat products are not contaminated with wheat or barley – in general, therefore, it is wise for coeliacs to avoid oats along with most other grain products. The presence of gluten may not be immediately obvious to the patient, for example it is found in beer, crisps and mustard.

People with coeliac disease are recommended to ensure they are followed up on an annual basis by their gastroenterologist, dietitian or GP, and reviewed for antibody levels and nutritional deficiencies.

Gluten-free products

In the UK, Codex wheat starch is widely used in gluten-free products to improve taste and texture. However, products containing Codex wheat starch have not been accepted worldwide. The Codex standard for gluten-free labelling purposes has recently been lowered to <20ppm and a new second standard has been introduced for products containing Codex wheat starch to be marketed with a level of gluten <100ppm.

Meanwhile, with numbers of diagnosed coeliacs increasing, supermarkets have extended access to gluten-free foods significantly. Many of the big retailers such as Sainsbury's, Tesco and Morrisons offer a much greater variety of gluten-free products than has been available in the past, including seeded breads, croissants and brioche.

However, Coeliac UK reports that prescribed gluten-free breads, pastas and flour mixes remain important for its members, often because of their cost; with the exception of cakes, gluten-free versions of staple foods are often four to five times more expensive.

Another factor is that the elderly and people who live in rural areas may find it difficult to get to big supermarket

branches, and for some a local pharmacy may be an important option.

In the pharmacy

What can pharmacists contribute in these circumstances?

With the numbers of people diagnosed with coeliac disease set to rise dramatically, it seems clear both gluten-free products and calcium supplements supplied by pharmacies are bound to increase, and with it the amount of advice that pharmacists are required to provide.

There is growing interest in transferring much of the business of prescribing gluten-free foods from GPs to pharmacists. Prescribing gluten-free foodstuffs and monitoring patients seems a natural area for the pharmacist to take the lead on repeat prescribing, and a handful of PCTs have shown the way. In Northamptonshire, coeliac patients now register with a local pharmacist for repeat prescriptions instead of going through their GP.

Patients receive a referral letter from the GP, which they take to their local pharmacy to register for the new service, select gluten-free products with the pharmacist's

help within guidelines on quantities published by Coeliac UK, and then fill out a standard monthly order form.

The system saves local GP time, gives the patients receiving gluten-free foods much more flexibility to select or change the foodstuffs they receive, and helps the PCT ensure patients receive appropriate quantities of gluten-free foods.

As well as supplying foods, pharmacists can give general lifestyle advice (see CPD section for useful sources of information). A gluten-free diet may lack fibre, so people with coeliac disease should be encouraged to eat at least the recommended five portions of fruit and vegetables a day. They may also need to replace other vitamins and minerals besides calcium, especially iron and folate during pregnancy.

Gavin Atkin is C+D clinical and CPD editor.

NEXT WEEK'S UPDATE

The daughter of an elderly lady asks if her mother's confusion could result from the medicines she is taking or be an early sign of dementia. Next week's Update looks at possible answers.

Your Continuing Professional Development

CPD

Act

- Read more information about coeliac disease on the Netdoctor website <http://tinyurl.com/6zgcak>. What advice you could give to a patient whose symptoms suggest coeliac disease?
- Look at the list of products available on prescription provided by Coeliac UK at <http://tinyurl.com/6jglkx>. Could you help a new coeliac patient choose a suitable variety of products? Or advise an existing patient on new products they might like to try?
- Read and possibly print out the leaflet Getting Started – Prescriptions from the same website (<http://tinyurl.com/59lpac>), which explains how patients can get foods on prescription and how much they need.
- What advice could you give to a coeliac patient wanting to lead a 'normal' life but avoid hidden gluten in food? Coeliac UK has useful information but you have to be a member to receive the food lists etc (www.coeliac.co.uk). Gluten Free on the Go lists hotels and restaurants offering gluten-free food (www.gluten-free-onthego.com/default.asp) and Recipes 4us provides a range of gluten-free recipes at <http://tinyurl.com/7r9nl>.
- Read more about the linked condition dermatitis herpetiformis at the Dermatitis Herpetiformis Online Community website <http://tinyurl.com/6bdcfp>. How could you advise a patient who presented with a similar rash?
- Read more about irritable bowel syndrome at The Gut Trust website www.theguttrust.org/education and think about the differences between the two conditions.

Evaluate

- Could you recognise the symptoms of coeliac disease? Could you advise coeliac patients about foods they should avoid and help with decisions about products on prescription?

CPD Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C+D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the October 4 issue, which will cover this

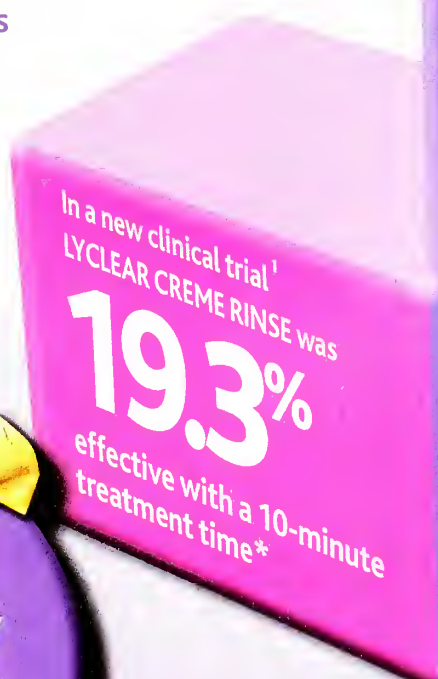
month's three CPP-accredited modules. A telephone marking service offers independent verification of results (see the monthly MCQ papers in C+D for details). If you wish to register for Pharmacy Update, please contact Pauline Sanderson on **01732 377269**.

Chemist+Druggist in association with
Genus Pharmaceuticals



Fact: New clinical proof that a 10 minute head lice treatment time* is effective¹

- Clinically proven to kill head lice
- 10 minute treatment time*
- Easy to apply to scalp and hair
- No traditional pesticides means no resistance
- Value for money – comb included in pack



headlice.co.uk

1. Burgess IF, Brown CM, Lee PN. Randomised, controlled, single, parallel group clinical trials to demonstrate the efficacy of isopropyl myristate/cyclomethicone solution (Full Marks Solution) against head lice. Pharm Jnl 2008; 280, 371-375.

* 10 minute treatment time refers to two applications, seven days apart.

SSL International

SSL International, Venus, 1 Old Park Lane, Trafford Park, Manchester M41 7HA, UK

Full Marks is a trade mark of the SSL group.

A Practical Approach

Sexually transmitted infections



Claudine, medicines counter assistant at the Update Pharmacy, is on a night out with her friend Lily at a dance club.

During a break when they are in the ladies together, Lily says to Claudine rather awkwardly: "Claud, can I talk to you about something that's been worrying me?"

"Of course," Claudine replies. "What is it?"

"You know I went on holiday to Crete a few weeks ago? And you know how it is – you relax and drink too much. Well I had a bit of a fling with a waiter in the hotel. I didn't think anything about it at the time, but now I'm worried that I could have picked up something from him, you know what I mean. What do you think I should do?"

"You're on the pill, aren't you, so at least you shouldn't be pregnant. Did you use condoms?" asks Claudine.

"No."

"Have you got some symptoms? Is that why you brought this up?"

"No. Not yet, anyway."

"Have you been to see your doctor?"

"No, I don't really want to discuss anything like that with him. He's a middle-aged man; it would feel like I was telling my dad. What do you think I should do?"

"Well," replies Claudine, "Lydia, our relief pharmacist, is on duty at the pharmacy on Monday."

"Why don't you come in and speak to her? I'm sure she'll know what to advise."

1. Chlamydia, the most common STI diagnosed in the UK; gonorrhoea, the second most common; and genital warts. (HIV is a possibility but not considered here)
2. Gonorrhoea: strong, malodorous vaginal discharge that may appear green or yellow in colour; pain or burning sensation when urinating; a burning sensation when urinating; irritation or discharge from the anus. But up to half of infected women experience no symptoms.
3. Chlamydia: often asymptomatic, but there may be non-specific symptoms such as cystitis, a change in vaginal discharge and mild abdominal pain. Genital warts: even if treated, may recur.
4. Go to the local genito-urinary medicine clinic for a full investigation in complete confidence. If not treated, the long term dangers from gonorrhoea and chlamydia are pelvic inflammatory disease, which causes severe abdominal pain, tenopyrass and infertility, ectopic pregnancy and miscarriage. Genital warts, even if treated, may recur.

Questions

1. Which sexually transmitted infections are most likely to be contracted in Lily's circumstances?
2. Which of these is/are likely to show symptoms soon after infection, and what are they?
3. Which of these is/are not likely to show symptoms within a few weeks of infection, and what are the symptoms when they do manifest?
4. What will Lydia advise, and why?

This article can help in the following CPD competencies: **G1a, G1c, G2b, C2a.**

See <http://tinyurl.com/68ox7b>

CPD

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Chlamydia

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1. **Order** an NPA Chlamydia Resource Pack
2. **Ensure** your Pharmacy has internet access (broadband is best) - you'll need internet access in order to verify test results for patients.
3. **Register** pharmacy details on www.glgresults.co.uk
4. **Train** your staff
5. **Supply** Clamelle Chlamydia Test Kits and Clamelle Azithromycin 500mg Tablets from your pharmacy - available from wholesalers from October onwards.

Call the NPA Sales Team now on **01727 800401**

to place your order or for more information.

(cost £21 excl VAT) Order code **CHL001**.

Information also available at

www.npa.co.uk/members



Clinical Alerts

SPC Changes

Yasmin film-coated tablets (drospirenone, ethinylestradiol)

New statement regarding venous thromboembolism (VTE). Bayer plc, 01635 563000.

Azopt eye drops, suspension (brinzolamide)

Therapeutic indications extended to include use with prostaglandin analogues. Alcon Laboratories UK, 01442 341234.

Telfast 30mg tablets (fexofenadine)

Patients with a history of or ongoing cardiovascular disease should be warned that antihistamines as a class have been associated with adverse events, tachycardia and palpitations. Sanofi-Aventis 01483 505515, uk-medicalinformation@sanofi-aventis.com

Cialis 2.5mg, 5mg, 10mg and 20mg film-coated tablets (tadalafil)

New information on use with doxazosin. Eli Lilly, 01256 315999, ukmedinfo@lilly.com

Fosavance tablets (alendronate sodium, vitamin D₃)

Undesirable effects now include alopecia. Merck Sharp & Dohme, 01992 467272.

MicardisPlus 80 mg/25 mg

tablets (hydrochlorothiazide, telmisartan)

Changes to contraindications, special warnings and precautions. Boehringer Ingelheim, 01344 741286, medinfo@bra.boehringer-ingelheim.com

New Products

Seroquel XL 50mg, 200mg, 300mg, 400mg prolonged-release tablets (quetiapine)

Indicated for treatment of schizophrenia and manic episodes associated with bipolar disorder, including maintenance treatment. AstraZeneca UK, 01582 836836, medicalinformationuk@astrazeneca.com

Voltarol Pain-eze tablets (diclofenac potassium)

Indicated for short term relief of pain and symptoms of colds and flu. Novartis Consumer Health, 01403 323046, medicalaffairs.uk@novartis.com

Clarification The notice relating to Dulcolax last week did not make it clear that electrolyte imbalances are likely only in patients who take excessive doses.

<http://emc.medicines.org.uk>

Anticholinergics linked to heart death

Patients using the long-term inhaled anticholinergic treatments ipratropium and tiotropium should be monitored for signs of cardiovascular events, say the authors of a JAMA meta-analysis.

The authors argued that the treatments may cause the deaths of as many as one patient in 40.

An Annals of Internal Medicine case-control analysis of US National Veterans Affairs data last week found an increase in all-cause death in patients taking ipratropium compared with those taking inhaled corticosteroids, beta-agonists or theophylline.

The authors of the earlier paper recommended that the apparent association between ipratropium use and increased risk

of death should be investigated.

Boehringer Ingelheim and Pfizer, which market tiotropium in the UK, hit back with a positive safety analysis of 30 trials, and published a critique of the JAMA paper. Details are on the company's website.

University of East Anglia lecturer in clinical pharmacology and JAMA paper co-author Dr Yoon Loke said he and his colleagues had begun to research heart attacks in inhaler users after the FDA warned about a possible stroke risk.

JAMA 2008; 300[12]:1439-50

<http://jama.ama-assn.org>

Annals of Internal Medicine 2008; 149[6]: 380-90

<http://tinyurl.com/4xj6ln>

Boehringer Ingelheim

www.boehringer-ingelheim.co.uk

Clinical Briefs

HIV pregnancy guide

British HIV Association experts have issued revised guidelines on the management of HIV infection in pregnant women.

<http://tinyurl.com/3zguas>

Beta-blockers not best

Beta blockers are no better in preventing heart failure than other hypertensives and should not be considered as first line treatment, the authors of a meta-analysis have reported.

<http://tinyurl.com/4n9rcu>

Asthma therapies work

Sublingual immunotherapy treatments reduce mild persistent asthma in children, according to a study published by the Annals of Allergy, Asthma and Immunology. The treatments in the trial reduced new

sensitisations and bronchial hyper-reactivity, the study authors reported. The sub-lingual treatment Grazax is available in the UK, but is not currently recommended for children.

<http://tinyurl.com/3m9lwq>

GP hours affect access

Restricted GP opening hours may prevent patients who suffer minor strokes and transient ischaemic attacks from being assessed quickly, according to a small study published by the BMJ.

<http://tinyurl.com/3lqgsb>

Alteplase safe up to 4.5h

A Lancet study has concluded intravenous alteplase treatment is safe at up to 4.5 hours following stroke. The current limit for treatment is three hours.

<http://tinyurl.com/3hnq22>

Antibiotics in pregnancy OK

Pregnant women should not be reluctant or anxious about taking antibiotics, officials have advised following a study published in The Lancet.

The warning came in a 'dear colleague' letter from the chief medical, nursing and pharmaceutical officers, and distributed via the MHRA and the RPSGB.

The ORACLE Children Study of the use of erythromycin and/or co-amoxiclav in women presenting in

premature labour found a small increase in children reported by their parents as having functional impairment or cerebral palsy.

The findings require further study, but these women had no evidence of infection and would not routinely be given antibiotics, the officials said, adding that pregnant women with possible or obvious infections must be considered for antibiotic treatment.

<http://tinyurl.com/479y9j>

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Prostasan goes on promotion

FREE!
We have 100 copies of a new hardback book on the history and pharmacology of saw palmetto to give away to C+D readers. Email your details by October 5 to competitions@cmpmedica.com with 'Saw palmetto' as the subject

series of regional radio interviews is planned.

The product was profiled in the September 1 issue of the Mail on Sunday's You magazine as part of a consumer awareness campaign. The brand has teamed up with 'media doctor' Rob Hicks for a national broadcast campaign targeting regional radio stations around the country.

The MHRA granted Protasan a herbal medical licence last October.

Prostasan, the saw palmetto traditional herbal medicinal product for relieving an enlarged prostate, is being promoted by manufacturer Bioforce.

Pharmacists are being offered free training and point-of-sale materials on benign prostate hypertrophy. For C+D readers, the package includes a new book written for healthcare professionals, 'A guide to the use of Saw Palmetto in BPH for healthcare professionals'. Other materials include professional guides about BPH and Prostasan and patient booklets.

An advertising campaign this autumn will promote the supplement in magazines, when a



Product info:

Bioforce UK
Tel: 0800 085 0820

New formats for Nurofen Express

The Nurofen Express (ibuprofen) range has been updated with the launch of a tablet format in 256mg and 512mg presentations, and smaller liquid capsules.

The tablets offer a new formulation of sodium and ibuprofen, said to tackle pain twice as fast as ibuprofen alone, which has also been introduced to the caplet format.

The size of the liquid capsules, available in 200mg and 400mg

formats, has been reduced to make them easier to swallow, says manufacturer Reckitt Benckiser.

A £10 million campaign begins this week and spans television and outdoor advertising, media relations and in-store activity.

Products in brief

Silicea in larger packs

Silicea capsules are now available in a 60-box pack; a liquid format follows in January. Containing silica, Silicea claims to help build thicker hair in six months as well as improve skin and nails. Price: £21/60. A. Vogel; tel: 0845 608 5858

Prices and Pip codes: see C+D
Monthly Pricelist or go to www.cddata.co.uk
Reckitt Benckiser Healthcare
Tel: 01482 326151

Blood glucose meter tracks food impact



The OneTouch Vita has been unveiled by LifeScan. The new blood glucose meter is designed for people with type 2 diabetes who are on, or starting on, insulin.

The meter features MealMemory technology to show the patient the impact of food on their blood glucose level and is designed to help them make healthy dietary choices.

The patient is able to track seven, 14 and 30-day post-meal blood glucose

averages at the touch of a button.

The meter uses OneTouch Vita strips, pre-coded to avoid the need for calibration. These will be listed on the Drug Tariff from October 1 at £14.53/50 strips.

Price: £19.99

LifeScan

Tel: 0800 121200

C+D winners

Organic Shave Oil

The five winners in C+D's giveaway of Absolute Aroma's Organic Shave Oil (C+D, September 13, p27) are Pradip Shah, of Wilkes Chemist; Krupal Vyas, of Delmergate Pharmacy; Samir Vohra; Harshad Solanki; and Prince Pharmacy.

Congratulations to you all, your prizes will be sent out shortly.

Try your luck this week – you've got two chances to win on these pages!

Ahava does cuticles



Ahava has extended its Dead Sea minerals hand care products with the addition of Source Cuticle Cream.

The Cuticle Cream combines Dead Sea minerals with canola oil, vitamin E, aloe vera and pro-vitamin B to soften cuticles and nourish the nail bed.

FREE!
We have 10 packs of the new cuticle cream to give away to C+D readers. Email your details by October 5 to competitions@cmpmedica.com with 'Ahava Cuticle Cream' as the subject

Price: £9.99

Ahava UK

Tel: 01452 864574

Growing Gaviscon

Indigestion brand Gaviscon has extended its offering with two new GSL products. Gaviscon Double Action liquid is newly available in an aniseed variant, said to be the brand's best-selling flavour. And a 'handy pack' of 12 Double Action tablets has been launched for improved convenience.

Gaviscon Double Action will be supported with TV and online

activity, reports RB. Meanwhile, a competition in independent pharmacy is offering six £100 educational book vouchers as prizes.

Prices and Pip codes: liquid

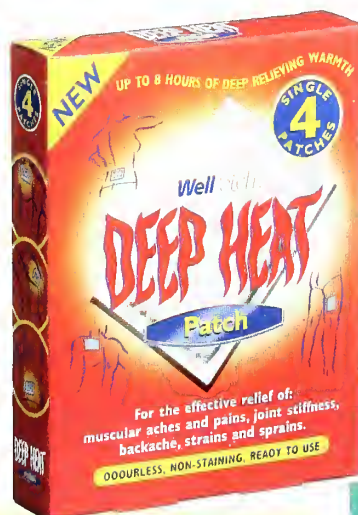
£6.49/300ml, 337-9583; tablets

£2.99/12, 337-5813

Reckitt Benckiser

Tel: 01482 326151

Deep Heat tops poll



Deep Heat has been revealed as the most recognised brand for muscular and joint pain relief.

A survey commissioned by The Mentholatum Company found more than 80 per cent of 7,000 consumers questioned were aware of Deep Heat's pain relieving credentials.

The recently launched WellPatch Deep Heat Patch is proving popular too, with one in 10 people who needed pain relief having bought it in the last year, the survey found.

For on TV this week see:

www.chemistanddruggist.co.uk/prodnews

Laser Healthcare
Tel: 01202 780558

soapopular



Remember SARS? Heard of C. Difficile? or MRSA?

C. Difficile and Methicillin Resistant Staphylococcus Aureus (MRSA) cause illnesses such as skin and wound infections, urinary tract infections, pneumonia and bacteraemia (blood stream infection) may then develop.

C. Difficile is growing across UK and the EU and can lead to death*

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* 12,000 people died in England and Wales in 2006 from MRSA infection.



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www.soapopular.com

The Troubleshooter



You were once the only pharmacy in town, but now you're being crowded out by more appealing competition.

Troubleshooter to the rescue...

The Problem

Falling behind the times

It is a sight familiar to many a pharmacist. A parade of shops, built some 30 years ago, an off licence, a pizza take-away, a hairdresser and a pharmacy, all set within a large estate of houses.

In the same location is a pub, a doctors' surgery, a library and, curiously, a nursing home.

Not very long ago this would have been a licence to print money for the pharmacist, with the nearest competition more than two miles away, and so it was when accountant Mr C bought the pharmacy in question six years ago.

However, in the last 24 months not one but three 100-hour contracts have opened in a one and a half mile radius, together with a core hours chain (perversely, under the necessary and desirable test). Monthly PPD payments have fallen significantly over the last year and script volumes are down nearly 16 per cent. Mr C and his superintendent Mr D knew they had a problem – so they called for the Troubleshooter.

First impressions reveal a very tired interior, probably little changed since it was built, large retail area and cramped dispensary. The front shop range covers everything from cuddly toys and perfumes to shampoos and hair colorants, but represents less than 10 per cent of overall sales. It looks very sad.

The pharmacy suffers when compared to the bright lights of the new and sparkling supermarkets down the road. It almost looks sicker than its customers. Who can blame patients for taking their healthcare needs elsewhere?



The Diagnosis

Urgent action is required before the trickle of lost custom becomes a flood. Here is my seven-point plan for saving the day.

1 With so much impersonal supermarket competition, Mr C and Mr D have a great opportunity to create a distinctive positioning for their pharmacy as the local pharmacy. They should discriminate it from the competition by positioning it firmly as the area's own local pharmacy for, and part of, the community and use the name to create a sympathetic, identifiable character for marketing purposes. Involve the staff in the journey – make them proud to be local health ambassadors for the locality.

2 The first step in this process is a refit. A reduction in the retail space will facilitate bringing the dispensary counter forwards and building a consultation room in the front shop area (this is essential for them in the new 'service delivery' world anyway). Make it look like a place where you would go to get health advice, just as you would the surgery next door, not a corner shop. They should create a community area – a table and some chairs, free tea and coffee on the table, for people to rest and wait or just drop in for a chat – and a community noticeboard where local events and needs can be advertised free of charge. The staff should welcome regular patients as they would friends.

3 An axe needs to be taken to the OTC range. Get rid of the product sectors that the supermarkets now own. Lose the toys and relegate the Chupa Chups to the community area. Major on children's medicines, medicinal products for the elderly, vitamins and supplements and P medicines. Train the staff to encourage customers to ask for advice and to be aware of the P-med potential generated by certain scripts or conditions. On one gondola keep a tight range of key OTC products in one size (small) and one variety for distress purchases.

4

Sponsor a local organisation – a kids club, football team or mother and toddler group. Offer to hold health clinics or talks in the library – healthy eating, for example, or men's health awareness days in the pub.

5

Find out from the staff which local freesheet newspaper is delivered on the estate and make contact with the editor. Offer to write a local health column, send the editor regular news and photos of the refit or customers enjoying the community area, and news of the sponsorship.

6

Go and see the nursing home across the road. Offer them a better pharmacy service than they get now – regular pharmacist visits and rapid supply couldn't be easier!

7

Ensure that future support in the rapidly changing pharmacy marketplace is available, as well as shoring up the purchase profits, by joining a buying group. Cambrian Alliance or Numark come to mind.

Mr C owns three pharmacies but this one is his most profitable. He was intending to refit another one first but this would be a mistake. You should always look after your core business first and he needs to make certain his investment is protected by taking firm and decisive action now. He who dithers is lost! By taking the actions outlined above and supporting them with a regular programme of marketing activity, this pharmacy can put the community back into community pharmacy; and again become the pre-eminent local healthcare centre for the families of the area.

The Troubleshooter: Steve Dunn, Florence Associates
email: florenceassociates@hotmail.com

Mr C's Comment

Mr C says: The Troubleshooter's comments initially shook us. However, after some thought, we realised much of what he said was true and we had to act up on it.

He chose some key words that enabled us to focus on our problems and how to resolve them.

Discriminate – we are confused about who we are and need to be aggressively clear on who we are and what we are doing.

Community – this is our focus.

Corner shop – this is what we are not. We do not have customers but patients.

Local health centre – this is what we should aim to become for our patients.

Health advice – this is the added value we should bring to our local community.

Chupa Chups – sweets, don't sell them, give them away free for the goodwill they can add!

We plan a survey of the local population to help us focus exactly what they want from our 'local community pharmacy health centre'.

We are bringing our refit plans forwards and changing our original designs to reflect the Troubleshooter's home truths.

We intend to act on what we have learnt from the Troubleshooter and would be keen for him to return in 12 months' time to comment on how far we have developed.

Mr D says: I found it to be brutally honest. Sometimes it takes an outsider to tell you how far to go and change your business. We hope to implement a lot of his ideas and we will go ahead with the refit earlier. Some of the changes may be difficult to implement as I am not sure how much actual coalface experience the Troubleshooter had. But, overall, it was time well spent.



The
Troubleshooter



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Media coverage has left women confused about the risks and benefits of taking hormone replacement therapy.

Emma Wilkinson discusses the latest evidence

HRT: the latest studies explained

Not so many years ago, women going through the menopause would be immediately offered, and generally encouraged to take, hormone replacement therapy.

It was deemed beneficial not only for the troubling symptoms of the menopause, such as hot flushes, it was also thought to protect women against heart disease, cancer and osteoporosis.

In 2002 a major turning point in the medical establishment's view of HRT occurred. The first data from the Women's Health Initiative (WHI) trial in the US was released.

The study was called to a halt after finding an apparent increased risk of cardiovascular events associated with the drug. It was also associated with an increased risk of breast cancer and a year after the initial warnings began to appear, drugs regulators advised women to take the lowest dose possible for the shortest time possible. In the UK, use of HRT halved.

Since that time, much more evidence has come to light and it's fair to say the picture is confused for the general public, with some experts saying the medical profession was too quick to write off HRT.

So what exactly do we know?

Menopause

Women going through the menopause suffer from a wide range of sometimes debilitating symptoms. A good diet, exercise, quitting smoking, and reducing alcohol intake can all help to limit symptoms and ensure women remain healthy after the menopause. Some women also find herbal supplements such as black cohosh and evening primrose beneficial.

The choice over whether to also take HRT is an individual one and, after a discussion with a doctor, should be based on factors such as the age of the woman when she goes through menopause and the severity of her symptoms.

HRT replaces the hormone levels that start to fall during menopause and is effective at relieving the unpleasantness of night sweats, vaginal dryness and hot flushes. In the UK, in women with a uterus, the form of HRT usually includes a combination of small doses of oestrogen and progesterone.

Heart disease and stroke

Oestrogen appears to have a protective effect on the heart and after the menopause, when levels of the hormone fall, the risk of heart disease rises.

Two large trials, including the WHI trial, found HRT did not prevent heart disease and slightly increased the risk in the first year of use.

But the story does not end there. More recent re-analysis of data from WHI suggested a lower CHD risk in younger women using HRT. This was supported by data from the Nurses' Health Study showing CHD risk fell significantly in women who started HRT within four years of menopause compared with women who started treatment 10 years after going through the menopause where there was no difference in risk associated with HRT use. However, the numbers in both these trials were too small for any firm conclusion to be reached.

The UK Commission on Human Medicines says for the moment the data on HRT and CHD risk in younger women is limited and there is no evidence to support the proposal that HRT is "protective" against heart disease in any group.



AJ Photo/Science Photo Library

Last year the International Menopause Society issued a statement saying that in women under 60 years old, recently menopausal and without cardiovascular disease, HRT will not cause early harm. After 60, a decision should be based on the individual's risk.

Studies have shown a roughly 1.3 times increased risk of stroke associated with HRT, both for oestrogen-only and combination therapy for women of any age.

Breast cancer

Initial findings from the WHI study showed combined HRT increased the risk of breast cancer within three years of starting treatment. Further analysis showed the risk seemed to be greatest in those who used HRT for longer than five years.



|| The International Menopause Society warns that doctors are too reluctant to prescribe HRT ||

In the UK, analysis of data from a million women confirmed a small increased risk of breast cancer with oestrogen-only HRT and a higher than previously thought two-fold risk of breast cancer associated with combined therapy.

Where the data becomes confusing is with the final WHI results, which found in the long-term (up to seven years) there was no increased risk.

European studies have generally found a higher risk than studies in the US, which may be due to the type of progesterone used in the products or higher rates of obesity in the US.

At the moment the UK consensus is that most studies show a higher increased risk with combined HRT than with oestrogen-only therapy. The risk increases the longer HRT is used but then returns to normal within a few years of stopping.

Endometrial cancer

There is evidence from the UK Million Women Study in 2005 that HRT with both oestrogen and progesterone – the type that should be used in women with a uterus – can actually slightly reduce the risk of endometrial cancer compared to women who have never used HRT.

Ovarian cancer

It was already known that long-term (at least five to 10 years) use of oestrogen-only HRT increased the risk of ovarian cancer in women who had undergone a hysterectomy.

Then last year, data from the Million Women

Study found HRT significantly increased the risk of ovarian cancer in women, regardless of whether they took the combined or oestrogen-only version.

As was widely reported in the media, the researchers estimated that 1,000 extra women in the UK died from ovarian cancer between 1991 and 2005 because they were using HRT.

A recent meta-analysis of nine studies showed overall there was a 1.3 times higher risk in HRT users, but the risk falls with increasing time since stopping HRT and with shorter duration of use.

Osteoporosis

In the UK, HRT can be used for prevention of osteoporosis in post-menopausal women at high risk of fractures who are unable to use other treatments licensed for the condition, such as bisphosphonates.

The International Menopause Society is somewhat more convinced of the benefits of HRT for preventing fractures, saying in a recent statement it is effective even in women at low risk for fracture, especially in those under the age of 60, although it agrees that HRT should not be used solely for this purpose.

Ultimately, the incidence of hip fractures in those under 60 years is very low and is greatest in those over the age of 70 years, so for women taking HRT at the time of the menopause any bone-protecting effect will probably have worn off by the time they are old enough to need it.

If women continue to take HRT over the age of 60 years simply to prevent bone problems

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they will increase their risk of all the other long-term effects, such as cancer and CHD.

What advice would you give?

Every woman needs to make the choice, with advice from a doctor, about whether she wants to take HRT and in younger women any additional risk is low in the short term.

The International Menopause Society has warned doctors are too reluctant to prescribe HRT under any circumstances, which is denying women its important benefits when used appropriately.

The message from UK advisors is that for most women without a uterus the benefits and risks of using oestrogen-only HRT is likely to be favourable but for women without a uterus the balance of HRT is less favourable, especially after the age of 60 and with long-term use.

The key point remains – HRT should be used for symptom control for the shortest possible time.



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Product news

Optrex provides relief for dry eyes

Optrex has launched a new product designed with the office worker in mind. Optrex ActiMist Eye Spray Dry is clinically proven to physically repair the damaged lipid layer of the eye, getting to the root cause of over 75 per cent of dry eye cases, says Reckitt Benckiser.

Irritated eyes are commonly suffered by office workers as a consequence of contact lens wear and prolonged computer usage, and by the over-50s as a result of age induced dry eye.

Optrex ActiMist Eye Spray is available as a 10ml spray containing 100 metered doses (RRP £14.99) and can be applied over eye make-up and contact lenses.

Optrex, www.optrex.co.uk



New product for bacterial vaginosis

Balance Activ Vaginal Gel is a new product for bacterial vaginosis (BV) from Inverness Medical.

Already available online, the medical device Balance Activ is launching into pharmacies this month. The gel is formulated to restore and preserve the natural pH balance in the vagina, neutralising the odour and relieving abnormal discharge and discomfort, says the manufacturer.

Balance Activ can be used both to treat BV and as part of a woman's normal health routine to prevent recurrence of symptoms, says the company.

According to the results of a survey, 14 per cent of women wrongly identified the symptoms of BV as thrush, 66 per cent of women admitted they didn't know the difference between thrush and BV, and 22 per cent weren't sure. A TV campaign will run in January and February 2009.

Inverness Medical, tel: 0161 419 6307, www.balanceactiv.com

Campaign warms up

CuraHeat will be back on TV screens during the last quarter of this year.

The Period Pain patch is just one product in the range, which is the number one selling heat pack brand in the UK according to data from IRI (w/e 9 August 2008). Prices start at £3.99.

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Avicenna conference inspires young volunteer on to Africa



One young Avicenna conference delegate was so inspired by this year's host country that she decided to return as a volunteer worker.

Following the buying group's convention on the Tanzanian island of Zanzibar in March, 20-year-old Alikha Rajput travelled back to the African country, to work in the Karim Children's Care Centre in the town of Arusha, for seven "intense" weeks. Alikha said: "The children are what made this whole adventure worthwhile."

Alikha – whose father owns a pharmacy in Aberdyfi, on the west Wales coast – raised the money for the trip through sponsorship, to which Avicenna contributed. Along with other volunteers, she is now trying to raise more funds to support the children's home.

Web comment of the week

AAH fuel levy Posted by Angus Carmichael, on 12/09/2008 12:07

Is there an option of a **50% reduction** in the fuel surcharge?? Should I demand twice daily delivery to get **value for money** from the fuel surcharge??

I will be pressing the **wholesalers** for a reduction in the surcharge rather than increase my **carbon footprint**, but I think I know what **the answer** will be



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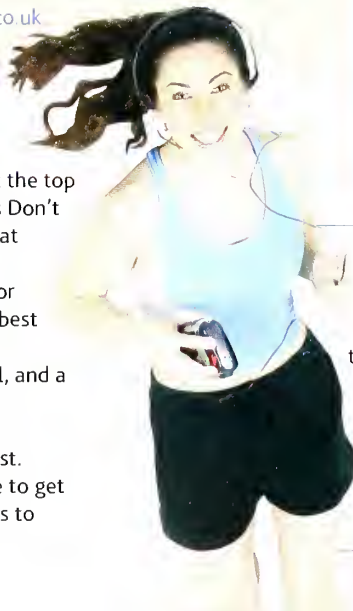
Dispensing tunes

PostScript was intrigued to receive an email declaring that the top tune to run to is Eye of the Tiger by Survivor, with Queen's Don't Stop Me Now coming in at second. It got us thinking... what might be the best songs to dispense to? Or the worst?

Obvious possibilities are The Verve's Drugs Don't Work or Bon Jovi's Bad Medicine, although these might not be the best messages to be sending out to patients.

C+D's designers came up with Mr Pharmacist by the Fall, and a quick search for 'pharmacy' on iTunes also reveals some possibilities: Down on the Pharmacy, by Blind Melon; Soul Pharmacy, by Tosin Martins; or even just Pharmacy, by Frost.

But perhaps you prefer a more traditional feelgood tune to get you through the day? Please send your playlist suggestions to postscript@cmpmedica.com



High standards

A locum pharmacist from Birmingham has set his sights on Everest, and wants to raise £10,000 in the process.

Yaser Baig is leaving for a trek to Everest base camp, which lies 5,500m above sea level, in November. But he is already preparing himself with trips to the gym, lots of football, and a planned trek in Wales. He says working as a locum has given him the flexibility he needs to fit in this training regime.

Yaser is raising money for Islamic Relief, an international charity that aims to alleviate the suffering of the world's poorest people. He was inspired to help after a trip to Ghana, and says he has already raised more than £2,000 towards his target. To donate visit: www.justgiving.com/yaserbaig

Exercise? Good for you?

While PostScript appreciates that many patients really do need to be reminded that exercise is good for them, this is hardly the stuff of headlines. Yet in the last few weeks two 'news' stories have caught our eye: a discovery that climbing stairs rather than taking the lift could improve fitness, lower blood pressure and prolong life; and the finding that physical activity is associated with a reduced risk for obesity in the genetically predisposed. Roll on next week's papers.

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of both medicines. **Undesirable effects:** dry mouth, tachycardia, hypersensitivity, skin reactions. **Rare:** urinary retention; dyshidrosis; isolated cases of anaphylaxis with episodes of dyspnoea and shock. **Pack size and retail price:** 20 tablets £4.39 PL 00015/0253. **Legal category:** GSL. **Product Licence Holder:** Boehringer Ingelheim Ltd., Ellesfield Avenue, Bracknell, Berkshire RG12 8YS. For fuller information please see Summary of Product Characteristics. Prepared in August 2006.

Reference: 1. Irritable bowel syndrome: NICE guideline NICE clinical guideline 61, February 2008.

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